

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70804, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Patterson Dickie W
Last First MI

2. BUSINESS PHONE 225-381-7009

3. BUSINESS ADDRESS 301 North Main St. Suite 810 Baton Rouge, LA 70825
Street and No. City State Zip

MAILING ADDRESS Same
Street and No. City State Zip

4. EMPLOYER Baker, Donelson, Bearman, Caldwell & Berkowitz
2007 AUG 30 PH 12:03

5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Worldwide Interactive Network (WIN)
Address 1000 Waterford Place Kingston, TN 37763
Business or purpose workforce development

New Representation

Does this person pay you? yes

If No, who pays you? _____

Terminated Representation as of _____

890
Lobbying Supplemental Registration Form

FOR OFFICE USE ONLY
Postmark Date: 8-28-07

lapp

SCANNED

SEP 05 2007

By (Signature)

670947

RECEIVED
BOARD OF ETHICS
LOBBYING
REGISTRATION
SECTION

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number _____

2. Name _____

Address _____

Business or purpose _____

 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

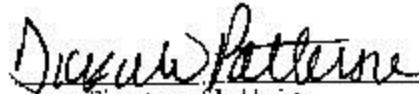
 New Representation

Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of _____**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist